

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA**

UNITED STATES OF AMERICA

v.

SENTENCING MINUTES

HAZEL MARIE SANCHEZ CERDAS

Case No. 1:19CR65

HONORABLE LIAM O'GRADY presiding
Proceeding Held: August 9, 2019
Deputy Clerk: Dani

Time Called: 9:56 a.m.
Time Concluded: 10:27 a.m.
Court Reporter: N. Linnell

Appearances:

UNITED STATES OF AMERICA by: Maureen Cain
HAZEL MARIE SANCHEZ CERDAS in person and by: Rahul Sharma, Greg Van Houten, and
Kenneth Troccoli
INTERPRETER: None ☐ Interpreter Sworn

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- | | |
|---|---|
| <input type="checkbox"/> The parties have no objections to the factual statements in the PSR | <input type="checkbox"/> The parties have no objections to the application of the guidelines in the PSR |
| <input type="checkbox"/> Objections/corrections to factual statements in PSR by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant | <input checked="" type="checkbox"/> Objections/corrections to application of guidelines by <input type="checkbox"/> Plaintiff <input checked="" type="checkbox"/> Defendant |
-

- | | |
|--|--|
| <input checked="" type="checkbox"/> The government presents sentencing argument: Requests a sentence within the guideline range. | <input checked="" type="checkbox"/> The defendant presents sentencing argument: Requests a sentence of 12 months and 1 day |
| <input type="checkbox"/> Defendant exercises right of allocution. | <input checked="" type="checkbox"/> The court imposes sentence. |
| <input type="checkbox"/> The government dismisses count(s) _____. | <input type="checkbox"/> Defendant advised of appeal rights. |
-

SENTENCING GUIDELINES:

Offense Level: 19
Criminal History: I
Imprisonment Range: 30 to 37 months
Supervised Release Range: 1 to 3 years
Probation: Ineligible
Fine Range: \$20,000.00 - \$200,000
Restitution: TBD
SA: \$100.00

SENTENCE IMPOSED:

Imprisonment: Thirty (30) Months as to Count(s) One of the Indictment
 Months as to Count(s) of the .

Imprisonment term for each count to be served ☐ concurrently ☐ consecutively.

TOTAL TERM OF IMPRISONMENT IMPOSED: months.

Probation: Years as to Count(s) of the .
 Years as to Count(s) of the .

Supervised Release: Three Years as to Count(s) One of the Indictment.
 Years as to Count(s) of the .

MONETARY PENALTIES

Special Assessment: \$ 100.00 due immediately

Fine: \$ ☒ fine waived

Restitution: \$ ☒ determination deferred

JOINT AND SEVERAL PAYMENTS

- ☐ Fine and/or ☐ Restitution is **joint and several** with .
☐ Repayment of Buy Money is **joint and several** with .

FORFEITURE

- ☐ All property forfeited upon conviction or by order of the court shall be included in the criminal judgment.

RECOMMENDATIONS

- ☒ The court recommends the defendant's placement at FCP Alderson.
☐ The court recommends the defendant's participation in the Bureau of Prisons' 500-hour drug treatment program.
☐ Other: .

CUSTODY

- ☒ The defendant is remanded to the custody of the U.S. Marshal Service.
☐ The defendant is to voluntarily surrender at the institution designated by the Bureau of Prisons as notified by the U.S. Probation Office; ☐ on or after .

CONDITIONS OF SUPERVISED RELEASE/PROBATION

Special Conditions

- | | |
|--|--|
| <input checked="" type="checkbox"/> Drug Testing and Treatment– Special Condition | <input type="checkbox"/> Home Confinement for _____ days |
| <input type="checkbox"/> Drug Testing – Standard Condition | <input type="checkbox"/> Home Confinement with Alcohol Testing for _____ days |
| <input type="checkbox"/> Drug Testing – Waived | <input type="checkbox"/> Community Correctional Center: _____ days |
| <input type="checkbox"/> Monthly Restitution Payment: | <input type="checkbox"/> Residential Re-Entry Center: _____ days |
| <input type="checkbox"/> Monthly Fine Payment: \$ _____ | <input type="checkbox"/> Cooperate with Bureau of Immigration/Customs |
| <input type="checkbox"/> Repay Buy Money – Total: \$ _____. | <input type="checkbox"/> Cooperate with IRS |
| <input type="checkbox"/> Repay Buy Money: \$ _____/month | <input type="checkbox"/> Cooperate with Child Support |
| <input type="checkbox"/> No New Lines of Credit | <input checked="" type="checkbox"/> Participate in mental health treatment program |
| <input checked="" type="checkbox"/> Financial Disclosure | <input type="checkbox"/> Participate in sex offender assessment/treatment |
| <input type="checkbox"/> Submit to search by USPO | <input type="checkbox"/> Waive confidentiality – sex offender treatment |
| <input type="checkbox"/> No tavern employment or patronization | <input type="checkbox"/> No sexually-explicit materials w/minors |
| <input type="checkbox"/> No employment with fiduciary responsibilities | <input type="checkbox"/> No possession/viewing of pornography or erotica |
| <input type="checkbox"/> No gambling | <input type="checkbox"/> Obtain GED or HSED |
| <input type="checkbox"/> No transfer of assets in excess of \$500.00 | <input type="checkbox"/> No contact – unrelated children under 18 |
| <input type="checkbox"/> No possession/use of computer – on-line access | <input checked="" type="checkbox"/> No contact with victim(s) |
| <input type="checkbox"/> No possession/use of data encryption/erasure | <input type="checkbox"/> No contact with gang members |
| <input type="checkbox"/> Provide computer passwords and logons | <input type="checkbox"/> Perform community service: _____ hours |
| <input type="checkbox"/> Consent to computer searches | <input checked="" type="checkbox"/> Maintain full-time, verifiable employment |
| <input checked="" type="checkbox"/> Register with the state sex offender registration agency | |